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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Harvest Fle	ctrical ventures LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter	-	
		Jason deveer	
		Name of Person	
	-	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1	0670 Sherrouse Road,	
		Address	
	L;	akeland FL 33810	
		City/State and Zip Code Jasondeveer@gmail.com	
		to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	ati:	
Jaso	on deveer	at (863 ₇ 660-8226	
Name o	f Person		Telephone Number
Enclosed is a check for th	ne following amount:		/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address Registration S		Street Address:	
Negistration at C		Registration Secti	on .

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harvest Electrical ventures LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company with Florida document numberL20000358771	vere filed on11/12/2020	and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liabili	ity company here:	
JD Electric Contractors LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:	1045 N Ronald Reagan E	3lvd,
(Principal office address MUST BE A STREET ADDRESS)	Longwood, FL 32750	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5601 US Hwy 98 N, lakeland FL 33809	
(Mulling undress MAT DE A FOST OFFICE DOA)	iditolatia (2 00000	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name	e of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
<u> </u>			□Add
		<u> </u>	□ Remove
			□Change
		-	□ Add
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ocumen	specifies a delayed ef 	fective date, but n	ot an effective ti	mic, at 12.01 a.m.	on the current on ()) The 90th day at	ter me
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